


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000102951		
1. Entity Name MANAGERIAL FORTE, INC.		
Principal Place of Business 8 EVONAIRE CIRCLE BELLEAIR, FL 33756		Mailing Address POST OFFICE BOX 2574 CLEARWATER, FL 33575
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	CEO	
NAME	MATHERS, ALBERT J	
STREET ADDRESS	8 EVONAIRE CIRCLE	
CITY - ST - ZIP	BELLEAIR, FL 33756	
TITLE	D	
NAME	MATHERS, ALBERT J	
STREET ADDRESS	100 PIERCE STREET	
CITY - ST - ZIP	CLEARWATER, FL 33756	
TITLE	PTD	
NAME	MATHERS, FUMEI	
STREET ADDRESS	100 PIERCE STREET	
CITY - ST - ZIP	CLEARWATER, FL 33756	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		